| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| MIDDLE DISTRICT OF FLORIDA | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Steven First name | First name |
| | license or passport). | Howard Middle name | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Rafer Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1644 | |

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Debtor 1 Steven Howard Rafer Case number (if known)

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|---|---|---|--|--|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing hysiness as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) | | | |
| doing business as names | EINs | EINs | | | |
| Where you live | 3323 Castle Rock Circle | If Debtor 2 lives at a different address: | | | |
| | Number, Street, City, State & ZIP Code Pasco | Number, Street, City, State & ZIP Code | | | |
| | County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |
| | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Where you live Why you are choosing this district to file for | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names Business name(s) Business name(s) Business name(s) Business name(s) Business name(s) Business name or EINs. Business name or Elns. Business name or Elns. Business name or EINs. Business name or Elns. Business name or Elns. | | | |

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Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 | | | | | | | |
|-----|---|--|------------------------------|---|--|---|---|--|--|
| | choosing to file under | | | | | | | | |
| | | ☐ Chap | oter 11 | | | | | | |
| | | ☐ Chap | oter 12 | | | | | | |
| | | ☐ Chap | oter 13 | | | | | | |
| 8. | How you will pay the fee | I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | | |
| | | | | | allments. If you choose this option (Official Form 103A). | on, sign and attach the Application for In- | dividuals to Pay | | |
| | | □ Ire bu ap | equest that it is not rec | at my fee be wal juired to, waive y ur family size an | ived (You may request this option our fee, and may do so only if you do you are unable to pay the fee it | n only if you are filing for Chapter 7. By lour income is less than 150% of the officin installments). If you choose this option, | al poverty line that , you must fill out | | |
| | | tne | е Арріісаті | on to Have the C | napter 7 Filing Fee Walved (Οπι | cial Form 103B) and file it with your petiti | on. | | |
| 9. | Have you filed for bankruptcy within the | ■ No. | | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your | □ No. | Go to | line 12. | | | | | |
| | residence? | Yes. | Has yo | our landlord obta | ined an eviction judgment agains | st you? | | | |
| | | | • | No. Go to line 1 | 12. | | | | |
| | | | | Yes. Fill out Ini | tial Statement About an Eviction | Judgment Against You (Form 101A) and | file it with this | | |

Debtor 1 Steven Howard Rafer

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| Den | Steven Howard Ra | arer | | Case number (# known) | | | |
|-----|---|------------------------------------|---|--|--|--|--|
| | | | | | | | |
| Par | Report About Any Bu | ısinesses | You Own as a Sole Propri | etor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | |
| | | ☐ Yes. | Name and location of bu | usiness | | | |
| | A sole proprietorship is a | | | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | y | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, St | ate & ZIP Code | | | |
| | it to this petition. | | Check the appropriate b | oox to describe your business: | | | |
| | | | ☐ Health Care Bus | siness (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | ☐ Stockbroker (as) | defined in 11 U.S.C. § 101(53A)) | | | |
| | | | ☐ Commodity Brok | xer (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | ☐ None of the abo | ve | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation in 11 U.S | es. If you indicate that you are ns, cash-flow statement, and S.C. 1116(1)(B). | e court must know whether you are a small business debtor so that it can set appropriate e a small business debtor, you must attach your most recent balance sheet, statement of I federal income tax return or if any of these documents do not exist, follow the procedure | | | |
| | For a definition of small | ■ No. | I am not filing under Cha | apter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in Code. | | | | |
| | | ☐ Yes. | I am filing under Chapte | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Par | t 4: Report if You Own or | Have Any | y Hazardous Property or A | ny Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | | | | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | | | | |
| | • | | | Number, Street, City, State & Zip Code | | | |
| | | | | | | | |

Debtor 1 Steven Howard Rafer

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Steven Howard R | afer | | Case number (if known) | | | | | |
|------------------|---|--|--|--|------------------------------|---|--|--|--|
| Par | 6: Answer These Quest | ions for Re | porting Purposes | | | | | | |
| 16. | What kind of debts do you have? | | | y consumer debts? Conspersonal, family, or househouse | | fined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | | |
| | | 16c. | State the type of debts yo | ou owe that are not consum | ner debts or busine | ess debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chap | oter 7. Go to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | | | 7. Do you estimate that aft available to distribute to u | | perty is excluded and administrative expenses s? | | | |
| | administrative expenses | | No | | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | □ Yes | | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | | 2 5,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 | | ☐ 50,001-100,000 | | | |
| | | ☐ 100-19 | | 1 0,001-25,00 | 00 | ☐ More than100,000 | | | |
| | | 200-99 | 200-333 | | | | | | |
| 19. | How much do you | □ \$0 - \$5 | 0,000 | □ \$1,000,001 - | \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 1 - \$100,000 | \$10,000,001 | | □ \$1,000,000,001 - \$10 billion | | | |
| | | | 01 - \$500,000 | □ \$50,000,001 □ \$100,000,00 | · | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | |
| | | ₩ \$500,0 | 01 - \$1 million | — \$100,000,00 | - - 4300 Hillio H | - Word than 450 billion | | | |
| 20. | How much do you | □ \$0 - \$5 | · · | □ \$1,000,001 - | \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | \$50,00 | 01 - \$100,000 | \$10,000,001 | | □ \$1,000,000,001 - \$10 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 □ \$100,000,00 | | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | |
| | | — \$500,0 | O1 - \$1 million | | | _ more than the simon | | | |
| Par | 7: Sign Below | | | | | | | | |
| For | you | I have exa | mined this petition, and I | declare under penalty of pe | erjury that the infor | rmation provided is true and correct. | | | |
| | | | | | | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | | | |
| | | | | lid not pay or agree to pay d the notice required by 11 | | ot an attorney to help me fill out this | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | | |
| bankru and 35 | | | y case can result in fines | | | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | Steven F | n Howard Rafer Ioward Rafer | | Signature of Debto | or 2 | | | |
| | | Signature | of Debtor 1 | | | | | | |
| | | Executed | | 18 | Executed on | | | | |
| | | | MM / DD / YYYY | | MN | M / DD / YYYY | | | |

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| • | Case 0.10-DK-10050-CPM DUC 1 | LIIEU TI/ZI/I | b Page / UI 55 | | |
|---|--|-----------------------|---|--|--|
| Debtor 1 Steven Howard R | Rafer | Cas | Case number (if known) | | |
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, United | States Code, and have | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) | | |
| If you are not represented by an attorney, you do not need to file this page. | | | wledge after an inquiry that the information in the | | |
| | /s/ Jeffrey R. Thibault, Esq. | Date | November 21, 2018 | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | |
| | Jeffrey R. Thibault, Esq. #0088237 | | | | |
| | Jeffrey R. Thibault, P.A. | | | | |
| | P.O. Box 341434 | | | | |
| | Tampa, FL 33694 | | | | |
| | Number, Street, City, State & ZIP Code | | | | |
| | Contact phone (813) 280-0565 | Email address | JeffECF@ThibaultLawFirm.com | | |

#0088237 FL Bar number & State

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| Fill | in this information to identify your case: | | |
|------|---|------------|----------------------------------|
| Del | otor 1 Steven Howard Rafer | | |
| Del | First Name Middle Name Last Name | | |
| | use if, filing) First Name Middle Name Last Name | | |
| Uni | ted States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA | | |
| | se number | _ | ck if this is an ended filing |
| | ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| info | is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend roriginal forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | |
| Par | 1: Summarize Your Assets | | |
| | | | assets e of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 206,800.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 2,330.59 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 209,130.59 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | liabilities |
| | | Amou | ınt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 297,027.19 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$_ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 37,072.02 |
| | Your total liabilities | \$ | 334,099.21 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,865.12 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,630.00 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a persona | al, family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules. | box and | submit this form to |

Official Form 106Sum

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Debtor 1 Steven Howard Rafer Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,698.63

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | im |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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| Debtor 1 Steven Howard Rafer Debtor 2 Frex Name | | | Ouse o | .10 BK 1000 | 0 01 | W 2001 Thed 11/21/10 | - age in | 7 01 00 | |
|--|-------------------------|---|--|---|------------------------|--|------------------|--------------|---------------------------------------|
| Debtor 2 Court Middle Name Last Name | Fill | in this inform | ation to identify | your case and th | is filinç | ງ : | | | |
| Debtor 2 Storeet, Iffully Fries Name United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA Case number Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing i | Deb | tor 1 | Steven Howa | ard Rafer | | | | | |
| United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA Case number | | 10 | First Name | Middle | Name | Last Name | | | |
| Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property In each category, separately list and describe terms. List an asset only once. If an asset filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part I Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an interest in 1, Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Ge to Part 2. | 1 - | | First Name | Middle | Name | Last Name | | | |
| Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property In each category, separately list and describe terms. List an asset only once. If an asset filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part I Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an interest in 1, Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Ge to Part 2. | Unit | ed States Banl | kruntey Court for | the: MIDDLE D | ISTRIC | T OF FLORIDA | | | |
| Official Form 106A/B Schedule A/B: Property In each category, separately list and describe tens. List an asset only once. If an asset fits in more than one category, list the asset in the category where you mind the control of th | Onne | ca otates barr | Kruptey Court for | inc. Middle b | 1011110 | I OF FESTIBAL | | | |
| Official Form 106A/B Schedule A/B: Property 12/15 In asset dits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | Cas | e number | | | | | | ſ | |
| Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset filts in more than one category, list the asset in the casted in the category where you think if it his best. De a complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer overy question. Part to Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? 1.1 | | | | | | | | | amended filing |
| Schedule A/B: Property In each category, separately list and describe items. List an asset only once. If an asset filts in more than one category, list the asset in the casted in the category where you think if it his best. De a complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer overy question. Part to Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in Do you own or have any legal or equitable interest in any residence, building, land, or similar property? 1.1 | ~ | | 1001/5 | | | | | | |
| In each category, separately list and describe items. List an asset only once. If an asset fills in more than one category, list the asset in the category where you think if it its best. Be as complete and accurate as possible. If two married peoples are filing together, both are equally resoluble for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part II Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? 1.1 | Off | ficial For | m 106A/B | - | | | | | |
| think if its best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part II Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. | Sc | hedule | e A/B: Pr | operty | | | | | 12/15 |
| 1.1 Oo you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Parl 2. Yes. Where is the property? 1.1 | think infori Answ | it fits best. Be mation. If more ver every questi | as complete and a space is needed, a on. | ccurate as possibl attach a separate s | e. If two heet to t | married people are filing together, both are his form. On the top of any additional pages, | equally respons | ible for sup | plying correct |
| No. Go to Part 2. | | | | | | | | | |
| The state of the property? 1.1 | 1. Do | o you own or ha | ve any legal or eq | uitable interest in a | iny resid | ence, building, land, or similar property? | | | |
| Street address, if available, or other description Single-family home Duplex or multi-unit building Condominium or cooperative Current value of the entire property? \$206,800.00 Secrite the nature of your ownership interest guch as fee simple, tenancy by the entireties, or altie estable, if who was a local property idea feet or late of the debtors and another Current value of the entire property? Check one Describe the nature of your ownership interest or altie estable, if who was a local property idea feet or late of the entire property? Check one Describe the nature of your ownership interest or altie estable, if who was an interest in the property? Check one Describe the nature of your ownership interest or altie estable, if who was an interest in the property? Check one Describe the nature of your ownership interest or altie entire property? (Check if this is community property (see simple.) Check if this | | No. Go to Part 2 | 2. | | | | | | |
| Single-family home | | Yes. Where is t | the property? | | | | | | |
| Single-family home | | | | | | | | | |
| Single-family home | | | | | | | | | |
| Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative | 1.1 | 12 Oak I an | | | What | | | | |
| Spencer MA 01562-0000 City State 2IP Code Land Land Land Current value of the portion you own? Who has an interest in the property? Check one Debtor 1 only Debtor 2 only County Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | cription | | - · | | | |
| Spencer MA 01562-0000 City State ZIP Code Land Land State ZIP Code Investment property \$206,800.00 \$2 | | | | | | · - | | | |
| Spencer MA 01562-0000 City State ZIP Code Investment property Investment property Investment property Investment property Investment property Investment property See (such as fee simple, tenancy by the entireties, or a life estate), if known. Fee simple County Worcester County Debtor 1 only Debtor 2 only At least one of the debtors and another property identification number: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | Ц | · | | | |
| City State ZIP Code Investment property \$206,800.00 \$206,800.00 | | 0 | 24.0 | 04500 0000 | | | | | |
| Worcester Other Other | | | | | | | | _ | · · · · · · · · · · · · · · · · · · · |
| Worcester Debtor 1 only | | City | State | ZIF Code | | | | | · · · · · · · · · · · · · · · · · · · |
| Worcester Debtor 1 only Debtor 2 only Debtor 2 only Check if this is community property (see instructions) Other information you wish to add about this item, such as local property identification number: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home Part 2: Describe Your Vehicles Describe Your Vehicles Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Ree simple Fee simple Debtor 2 only Check if this is community property (see instructions) Check if this is community property (see instructions) Check if this is community property Check if this is community prope | | | | | | Other | | | |
| Worcester Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | Who | • • • | • | | |
| County Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | Worcester | | | | • | ree simple | | |
| Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | | , | | | |
| Other information you wish to add about this item, such as local property identification number: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | , | | | | • | | | nunity property |
| 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | Othe | | n, such as local | , | |
| 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here | | | | | • • | • | | | |
| pages you have attached for Part 1. Write that number here | | | | | 1,27 | 6 Sq. Ft., 2 bedrom, 1 Bathroom Ho | ome | | |
| pages you have attached for Part 1. Write that number here | | | | | | | | | |
| pages you have attached for Part 1. Write that number here | 2. | Add the dollar | r value of the po | rtion you own fo | r all of | your entries from Part 1, including any | entries for | | **** |
| Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No | 1 | pages you ha | ve attached for I | Part 1. Write that | numbe | r here | => | | \$206,800.00 |
| someone else drives. If you lease a vehicle, also report it on <i>Schedule G: Executory Contracts and Unexpired Leases</i> . 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles No | Part | 2: Describe Y | our Vehicles | | | | | | |
| ■ No | | | | | | | | | nicles you own that |
| | 3. C | ars, vans, trud | cks, tractors, sp | ort utility vehicle | s, moto | orcycles | | | |
| | | No | | | | | | | |
| | | | | | | | | | |

| Debtor 1 | Steven Howard Rafer | Case number (if k | nown) |
|--|--|---|---|
| | craft, aircraft, motor homes, ATVs and other recreational veh les: Boats, trailers, motors, personal watercraft, fishing vessels, si | | |
| ■ No | | | |
| ☐ Yes | | | |
| | | | |
| | he dollar value of the portion you own for all of your entries f s you have attached for Part 2. Write that number here | | => \$0.00 |
| Part 3: | Describe Your Personal and Household Items | | |
| Do you o | own or have any legal or equitable interest in any of the follow | ving items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | hold goods and furnishings ples: Major appliances, furniture, linens, china, kitchenware | | |
| □ No | , , , | | |
| ■ Yes | s. Describe | | |
| | Sofa, Loveseat, Televisions, DVD Pla Kitchen Table & Chairs, Dining Table Machine, Beds, Dressers, Cellular Te Household Goods & Furnishings | & Chairs, Freezer, Washing | \$1,520.00 |
| | Trouserrola Goods & Furnishings | | |
| ■ No □ Yes B. Collect Exam | ples: Televisions and radios; audio, video, stereo, and digital equi including cell phones, cameras, media players, games bescribe tibles of value ples: Antiques and figurines; paintings, prints, or other artwork; bo other collections, memorabilia, collectibles Describe | | |
| | DVDs | | \$50.00 |
| Exam No Yes 10. Firea Exan No Yes 11. Cloth Exan No | mples: Pistols, rifles, shotguns, ammunition, and related equipmers. B. Describe | nt | anoes and kayaks; carpentry tools; |
| . 30 | | | \$100.00 |
| | Clothing | | \$400.00 |
| 12. Jewe <i>Exai</i> | olry Inples: Everyday jewelry, costume jewelry, engagement rings, wed | dding rings, heirloom jewelry, watches, g | ems, gold, silver |

□ No

Yes. Describe.....

| Debtor 1 | Steven How | ard Rafer | Case number | (if known) |
|-------------------------------|--|--|--|---|
| | | | | |
| | | Watches | | \$200.00 |
| Exam _i □ No | arm animals ples: Dogs, cats, Describe | birds, horses | | |
| | | Pet Dog | | \$1.00 |
| ■ No □ Yes. | Give specific in | formation | not already list, including any health aids you did r | |
| | | | art 3, including any entries for pages you have atta | \$2,171.00 |
| | escribe Your Finan | | | |
| Do you ov | wn or have any l | egal or equitable interest in | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No □ Yes. 17. Depos | sits of money | | me, in a safe deposit box, and on hand when you file y | |
| □ No | institutions. | | with the same institution, list each. Institution name: | 5.6.6.go6.6.6.g |
| ■ Yes. | | | institution name. | |
| | | 17.1. Checking | Suntrust Bank Acct. #2816 | \$159.59 |
| <i>Exam</i> ■ No | | or publicly traded stocks, investment accounts with bro | ekerage firms, money market accounts | |
| | ublicly traded st venture | tock and interests in incorpo | orated and unincorporated businesses, including a | n interest in an LLC, partnership, and |
| | Give specific in | formation about them Name of entity: | % of ownersl | hip: |
| Negot Non-n ■ No | tiable instruments negotiable instrun | sinclude personal checks, cas nents are those you cannot tra ormation about them | tiable and non-negotiable instruments hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them. | |
| Exam _i ■ No | • | IRA, ERISA, Keogh, 401(k), 4 | 03(b), thrift savings accounts, or other pension or profi | it-sharing plans |
| ⊔ Yes. | List each accour | nt separately. Type of account: | Institution name: | |

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| Debtor 1 | Steven H | oward Rafer | Case number (if known) | |
|---------------------------------|-------------------------------------|--|---|---|
| You | r share of all un mples: Agreeme | and prepayments lused deposits you have made so that you may co ents with landlords, prepaid rent, public utilities (ele | ntinue service or use from a company ectric, gas, water), telecommunications companies, | or others |
| ☐ Ye | s | Institution | name or individual: | |
| 23. Annı ■ No | ` | ct for a periodic payment of money to you, either for | or life or for a number of years) | |
| | S | Issuer name and description. | | |
| | S.C. §§ 530(b)(| eation IRA, in an account in a qualified ABLE pr (1), 529A(b), and 529(b)(1). | rogram, or under a qualified state tuition progran | m. |
| | S | Institution name and description. Separately file | the records of any interests.11 U.S.C. § 521(c): | |
| 25. Trus ■ No | • | r future interests in property (other than anythi | ing listed in line 1), and rights or powers exercis | able for your benefit |
| ☐ Ye | s. Give specific | c information about them | | |
| Exa. ■ No | mples: Internet | s, trademarks, trade secrets, and other intellect domain names, websites, proceeds from royalties c information about them | | |
| Exa. ■ No | mples: Building | es, and other general intangibles permits, exclusive licenses, cooperative association | on holdings, liquor licenses, professional licenses | |
| ⊔ Ye | s. Give specific | c information about them | | |
| Money o | or property ow | ed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax ı ■ No | refunds owed t | to you | | |
| ☐ Ye | s. Give specific | information about them, including whether you alr | eady filed the returns and the tax years | |
| Exa. ■ No | , | e or lump sum alimony, spousal support, child support | port, maintenance, divorce settlement, property settl | lement |
| ப 16 | s. Give specific | momator | | |
| Exa | mples: Unpaid v benefits: | neone owes you wages, disability insurance payments, disability be ; unpaid loans you made to someone else | nefits, sick pay, vacation pay, workers' compensati | on, Social Security |
| ■ No | s. Give specific | c information | | |
| | • | | (HSA); credit, homeowner's, or renter's insurance | |
| | | surance company of each policy and list its value. | | |
| | | Company name: | Beneficiary: | Surrender or refund value: |
| If yo som | u are the benef eone has died. | | ied insurance policy, or are currently entitled to receive | property because |

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| Del | otor 1 | Steven Howard Rafer | | Case number (if known) | |
|-------|-----------------|--|----------------------------|-----------------------------------|--------------|
| _ | | against third parties, whether or not you have filed a law bles: Accidents, employment disputes, insurance claims, or rig | | and for payment | |
| | | Describe each claim | | | |
| ı | No | contingent and unliquidated claims of every nature, inclu- | ding counterclaims | of the debtor and rights to set o | off claims |
| | | | | | |
| _ | Any fin ■ No | nancial assets you did not already list | | | |
| _ | _ | Give specific information | | | |
| 36. | | he dollar value of all of your entries from Part 4, including art 4. Write that number here | | , , | \$159.59 |
| Par | t 5: De | scribe Any Business-Related Property You Own or Have an Interd | est In. List any real esta | ate in Part 1. | |
| 37. I | Do you o | own or have any legal or equitable interest in any business-relate | ed property? | | |
| | No. Go | to Part 6. | | | |
| | Yes. G | Go to line 38. | | | |
| Par | | scribe Any Farm- and Commercial Fishing-Related Property You ou own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. | | own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| | _ | Go to Part 7. | | | |
| | ☐ Yes | . Go to line 47. | | | |
| Par | t 7: | Describe All Property You Own or Have an Interest in That You | Did Not List Above | | |
| | Examp | have other property of any kind you did not already list? oles: Season tickets, country club membership | • | | |
| _ | ■ No □ Yes. | Give specific information | | | |
| 54. | Add t | he dollar value of all of your entries from Part 7. Write that | at number here | | \$0.00 |
| Par | t 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | 1: Total real estate, line 2 | | | \$206,800.00 |
| 56. | | 2: Total vehicles, line 5 | \$0.00 | _ | Ψ200,000.00 |
| 57. | | 3: Total personal and household items, line 15 | \$2,171.00 | | |
| 58. | | 1: Total financial assets, line 36 | \$159.59 | | |
| 59. | Part 5 | 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$2,330.59 | Copy personal property total | \$2,330.59 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$209,130.59 |

| Ħ | l in this inform | ation to identify your case | . | | | | |
|---|--|---|--|---|--|--|--|
| | ebtor 1 | | | | | | |
| De | DIOI I | Steven Howard Rafel First Name | Middle Name | L | _ast Name | | |
| | ebtor 2 ouse if, filing) | First Name | Middle Name | | _ast Name | | |
| | | | | | | | |
| Un | lited States Ban | kruptcy Court for the: M | IDDLE DISTRICT OF FLO | KIDA | <u> </u> | | |
| | ase number | | | | | ☐ Check if this is an amended filing | |
| O: | fficial For | m 106C | | | | | |
| | | C: The Prop | ertv You Cla | im | as Exempt | 4/16 | |
| the nee cas For spe any fun | property you liseded, fill out and enumber (if known each item of pecific dollar amor applicable stads—may be ur | sted on Schedule A/B: Propel attach to this page as manown). property you claim as exelution as exempt. Alternativatutory limit. Some exemplimited in dollar amount. | erty (Official Form 106A/B) y copies of Part 2: Addition mpt, you must specify the vely, you may claim the f tions—such as those for However, if you claim an | as yo nal Pa e amo full fa heal exer | our source, list the property that you age as necessary. On the top of any ount of the exemption you claim. It market value of the property be the aids, rights to receive certain be on the property of the property of the property of the aids, rights to receive certain be on the property of the propert | additional pages, write your name and One way of doing so is to state a ing exempted up to the amount of enefits, and tax-exempt retirement | |
| to t | he applicable | statutory amount. the Property You Claim a | | iy is c | determined to exceed that amount | , your exemption would be innited | |
| 1. | Which set of | exemptions are you claim | ing? Check one only, eve | n if yo | our spouse is filing with you. | | |
| | You are cla | iming state and federal non | bankruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | | |
| | _ | iming federal exemptions. | . , . | | 3 == (=)(=) | | |
| 2 | | , | | emnt. | fill in the information below. | | |
| | | Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption | | | | | |
| | | hat lists this property | portion you own Copy the value from | | eck only one box for each exemption. | | |
| | Sofa, Loves | eat, Televisions, DVD | Schedule A/B | | \$1,000.00 | Fla. Const. art. X, § 4(a)(2) | |
| | Player, Coff Kitchen Tab & Chairs, Fr Beds, Dress | ee Table, End Tables, ble & Chairs, Dining Tak eezer, Washing Machir sers, Cellular Telehone, lisc. Household Goods | ne, | _ | 100% of fair market value, up to any applicable statutory limit | , | |
| | Furnishings Line from Sch | | | | | | |
| | | eat, Televisions, DVD ee Table, End Tables, | \$1,520.00 | | \$520.00 | Fla. Stat. Ann. § 222.25(4) | |
| | Kitchen Tab & Chairs, Fr Beds, Dress | ole & Chairs, Dining Tak reezer, Washing Machir sers, Cellular Telehone, lisc. Household Goods | ne, | | 100% of fair market value, up to any applicable statutory limit | | |
| | DVDs | | \$50.00 | | \$50.00 | Fla. Stat. Ann. § 222.25(4) | |
| | Line from Sch | edule A/B: 8.1 | | _ | 100% of fair market value, up to any applicable statutory limit | | |

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| De | btor 1 | Steven Howard Rafer | | | Case number (if known) | | |
|----|---|---|--------------------------------------|---------------------------------------|---|------------------------------------|--|
| | | description of the property and line on dule A/B that lists this property | Current value of the portion you own | · · · · · · · · · · · · · · · · · · · | | Specific laws that allow exemption | |
| | | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | |
| | | hing from <i>Schedule A/B</i> : 11.1 | \$400.00 | | \$400.00 | Fla. Stat. Ann. § 222.25(4) | |
| | LINE | Holli Schedule A/B. 1111 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | ches from Schedule A/B: 12.1 | \$200.00 | | \$200.00 | Fla. Stat. Ann. § 222.25(4) | |
| | LINE | IIIIII Scriedule A/B. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Pet Dog Line from Schedule A/B: 13.1 | | \$1.00 | | \$1.00 | Fla. Stat. Ann. § 222.25(4) | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | | |
| | | cking: Suntrust Bank Acct. #2816 | \$159.59 | | \$159.59 | Fla. Stat. Ann. § 222.11(2)(b) | |
| | Line from Schedule A/B. 11.1 | | | | 100% of fair market value, up to any applicable statutory limit | | |
| 3. | Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) No | | | | | | |
| | Ц | Yes. Did you acquire the property covere No | a by the exemption w | | ,213 days before you filed this case. | | |
| | | ☐ Yes | | | | | |

| Fill in this informa | tion to identify you | ır case: | | | | |
|---|---|--|---------------|--|--|--------------------------|
| Debtor 1 | Steven Howard | | | | | |
| Debior | First Name | | ast Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name L | ast Name | | | |
| United States Bankı | ruptcy Court for the | : MIDDLE DISTRICT OF FLORIDA | | | | |
| Case number | | | | | | |
| (if known) | | | | | | if this is an |
| | | | | | ameno | led filing |
| Official Form | 106D | | | | | |
| | | S Who Have Claims Se | ecure | d by Property | / | 12/15 |
| | | If two married people are filing together, out, number the entries, and attach it to t | | | | |
| Do any creditors ha | ve claims secured b | y your property? | | | | |
| _ • | | his form to the court with your other sc | hedules. Y | ou have nothing else to | report on this form. | |
| _ | l of the information | , | | 3 | • | |
| | Secured Claims | | | | | |
| • | | more than one secured claim, list the credito | or separately | Column A | Column B | Column C |
| for each claim. If more | than one creditor has | s a particular claim, list the other creditors in ical order according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| Federal Nat | ional | 5 | | \$297,027.19 | \$206,800.00 | \$90,227.19 |
| Creditor's Name | | Describe the property that secures the 12 Oak Lane Spencer, MA 0150 | | Ψ291,021.19 | \$200,800.00 | \$90,227.19 |
| Association 14221 Dalla: Suite #100 Dallas, TX 7 | s Parkway | Worcester County 1,276 Sq. Ft., 2 bedrom, 1 Bath Home As of the date you file, the claim is: Che apply. | iroom | | | |
| | ty, State & Zip Code | ☐ Contingent☐ Unliquidated | | | | |
| Number, Street, Cr | ty, State & Zip Code | ☐ Disputed | | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only ■ Debtor 2 only | | ☐ An agreement you made (such as more car loan) | rtgage or sec | cured | | |
| Debtor 1 and Debte | or 2 only | ☐ Statutory lien (such as tax lien, mecha | nic's lien) | | | |
| At least one of the | | Judgment lien from a lawsuit | | | | |
| ☐ Check if this clain community debt | n relates to a | Other (including a right to offset) | rst Morto | jage | | |
| Date debt was incurr | ed 03/13/2008 | Last 4 digits of account number | 8811 | | | |
| | | _ | | | | |
| Add the deller relea | f | National Action and Marke that according | | ¢207.02 | 7.40 | |
| | = | Column A on this page. Write that number the dollar value totals from all pages. | nere: | \$297,02 | | |
| Write that number I | | | | \$297,02 | 7.19 | |
| Part 2: List Other | s to Be Notified fo | or a Debt That You Already Listed | | | | |
| trying to collect from | you for a debt you cany of the debts that | oe notified about your bankruptcy for a de owe to someone else, list the creditor in F t you listed in Part 1, list the additional cr nis page. | art 1, and t | hen list the collection ag | ency here. Similarly, if | you have more |
| Fed. Nat. M | , Street, City, State & ortgage Assoc. | Zip Code | On whi | ch line in Part 1 did you er | nter the creditor? 2.1 | |
| c/o Orlans, P.O. Box 54 Waltham, N | 40540 | | Last 4 o | digits of account number _ | 1860_ | |

Official Form 106D

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| Debt | or 1 Steven How | ard Rafer | | Case number (if known) |
|------|---|---------------|-----------|---|
| | First Name | Middle Name | Last Name | |
| | Name, Number, Stree Fed. Nat. Mortga c/o Abigail Chm Orlans, PC P.O. Box 540540 | ielecki, Esq. | | On which line in Part 1 did you enter the creditor? |
| | Name, Number, Stree Seterus, Inc. 14523 SW Millik Beaverton, OR S | • | | On which line in Part 1 did you enter the creditor? |

| | Case 0.10-1 | DK-TOODO-CLIM DC | CI I IIEC | 1 11/21/10 | rage 19 01 33 | |
|---|--|---|-----------------------------------|--------------------------------------|--|--|
| Fill in this info | ormation to identify your o | case: | | | | |
| Debtor 1 | Steven Howard R | afor | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States | Bankruptcy Court for the: | MIDDLE DISTRICT OF FLO | ORIDA | | | |
| Case number | | | | | | |
| (if known) | | | | | | Check if this is an |
| | | | | | a | mended filing |
| Official Fo | rm 106E/F | | | | | |
| Schedule | E/F: Creditors W | ho Have Unsecure | d Claims | | | 12/15 |
| Schedule G: Exe Schedule D: Cre left. Attach the C name and case | ecutory Contracts and Unexpiditors Who Have Claims Section in Page to this pagnumber (if known). | that could result in a claim. Als ired Leases (Official Form 106G ured by Property. If more space e. If you have no information to |). Do not include is needed, copy | any creditors wi the Part you nee | th partially secured claims d, fill it out, number the en | that are listed in tries in the boxes on the |
| Part 1: List | All of Your PRIORITY Un | secured Claims | | | | |
| 1. Do any cree | ditors have priority unsecured | d claims against you? | | | | |
| No. Go t | o Part 2. | | | | | |
| ☐ Yes. | | | | | | |
| Part 2: List | All of Your NONPRIORIT | Y Unsecured Claims | | | | |
| _ ` | ditors have nonpriority unsect have nothing to report in this pa | ured claims against you? art. Submit this form to the court w | vith your other sch | edules. | | |
| unsecured of | claim, list the creditor separately | aims in the alphabetical order of or for each claim. For each claim lis st the other creditors in Part 3.If yo | sted, identify what | type of claim it is. | Do not list claims already inc | cluded in Part 1. If more |
| | | | | | | Total claim |
| 4.1 Amer | ican Express | Last 4 digits of a | account number | 5353 | | \$0.00 |
| Nonprid P.O. I | ority Creditor's Name Box 981540 | When was the d | | 01/2013 | | |
| | so, TX 79998-1540 r Street City State Zlp Code | As of the date vo | ou file, the claim | is: Check all that | annly | |
| | ncurred the debt? Check one. | 7.0 0. 1.10 44.10 7. | | or oriook all that | арріу | |
| ■ Deb | otor 1 only | ☐ Contingent | | | | |
| ☐ Deb | otor 2 only | ☐ Unliquidated | | | | |
| ☐ Deb | otor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At le | east one of the debtors and and | ther Type of NONPRI | ORITY unsecure | d claim: | | |
| ☐ Che | eck if this claim is for a comn | nunity | | | | |
| debt | claim subject to offset? | _ | | aration agreement | or divorce that you did not | |
| ■ No | | ☐ Debts to pens | sion or profit-sharir | ng plans, and othe | er similar debts | |
| ☐ Yes | • | Other. Specify | Credit Card | i | | _ |

| Debtor | 1 Steven Howard Rafer | Case number (if known) | | | | |
|--------|--|---|--|-------------|--|--|
| 4.2 | Bank Of America | Last 4 digits of account number | 1053 | \$18,955.00 | | |
| | Nonpriority Creditor's Name Nc4-105-03-14 P.O. Box 26012 Greensboro, NC 27410 | When was the debt incurred? | 03/2003 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.3 | Bank Of America | Last 4 digits of account number | 4799 | \$0.00 | | |
| | Nonpriority Creditor's Name Nc4-105-03-14 P.O. Box 26012 | When was the debt incurred? | 02/2006 | | | |
| | Greensboro, NC 27410 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Line of Cre | | | | |
| 4.4 | Bank of America Nonpriority Creditor's Name | Last 4 digits of account number | 2969 | \$409.64 | | |
| | P.O. Box 15026 Wilmington, DE 19850-5026 | When was the debt incurred? | 12/2017 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims | and an and about in the Control of t | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | • | | | |
| | Yes | Other. Specify Overdrawn | checking account | | | |

| Debtor | 1 Steven Howard Rafer | Case number (if known) | | | | |
|--------|--|---|---|----------|--|--|
| 4.5 | Capital One | Last 4 digits of account number | 0415 | \$0.00 | | |
| | Nonpriority Creditor's Name P.O. Box 30285 | When was the debt incurred? | 02/2011 | | | |
| | Salt Lake City, UT 84130-0285 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | - | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify Charge Acc | count | | | |
| 4.6 | Collection Associates, Inc. | Last 4 digits of account number | 7833 | \$100.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept P.O. Box 349 | When was the debt incurred? | 09/2016 | | | |
| | Greensburg, IN 47240 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | As of the date you file, the claim is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | Yes | ■ Other. Specify Chapel | for Florida Hospital Wesley | | | |
| 4.7 | Collection Associates, Inc. | Last 4 digits of account number | 7355 | \$100.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept P.O. Box 349 | When was the debt incurred? | 11/2016 | | | |
| | Greensburg, IN 47240 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated ☐ Disputed | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | □Yes | Other. Specify Collecting | for Florida Hospital Tampa | | | |

| Debtor | 1 Steven Howard Rafer | Case number (if known) | | | | |
|----------|--|---|---|------------|--|--|
| 4.8 | Comenity Capital | Last 4 digits of account number _9 | 9266 | \$0.00 | | |
| | Nonpriority Creditor's Name P.O. Box 182125 | When was the debt incurred? | 07/2012 | | | |
| | Columbus, OH 43218 Number Street City State Zlp Code | As of the date you file, the claim is: | Check all that apply | | | |
| | Who incurred the debt? Check one. | , | oneon all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured cl | aim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separati report as priority claims | ion agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing p | lans, and other similar debts | | | |
| | Yes | Other. Specify Charge Account | unt | | | |
| 4.9 | Durable Medical Equip., Inc. | Last 4 digits of account number 4 | 1565 | \$1,703.38 | | |
| | Nonpriority Creditor's Name 42 Southbridge Street Auburn, MA 01501 | When was the debt incurred? | 2013 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: | Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured cl | aim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separati report as priority claims | | | | |
| | No | Debts to pension or profit-sharing p | | | | |
| | ☐ Yes | Other. Specify Medical Debt | | | | |
| | The second secon | Other. Specify | | | | |
| 4.1 0 | Furniturebar | Last 4 digits of account number1 | 530 | \$0.00 | | |
| | Nonpriority Creditor's Name P.O. Box 94498 | When was the debt incurred? (| 04/2012 | | | |
| | Las Vegas, NV 89193 | _ | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: | Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured cl ☐ Student loans | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Is the claim subject to offset? | | | | | |
| | ■ No | Debts to pension or profit-sharing p | lans, and other similar debts | | | |
| | Yes | ■ Other. Specify Charge Accou | unt | | | |

| Debtor | Steven Howard Rafer | Case number (if known) | | | | |
|--------|--|---|------------|--|--|--|
| 4.1 | 0 | 0544 | 40.00 | | | |
| 1 | Greenwood Credit Union Nonpriority Creditor's Name | Last 4 digits of account number 2541 | \$0.00 | | | |
| | 2669 Post Rd. | When was the debt incurred? 09/2011 | | | | |
| | Warwick, RI 02886 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Unsecured Debt | | | | |
| 4.1 | | | | | | |
| 2 | IC Federal Credit Union Nonpriority Creditor's Name | Last 4 digits of account number 7922 | \$0.00 | | | |
| | Attn: Collections | When was the debt incurred? 06/2009 | | | | |
| | 300 Bemins Road | | | | | |
| | Fitchburg, MA 01420 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | <u> </u> | _ | | | | |
| | Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | | | | | |
| | La Tes | Other. Specify Unsecured Debt | | | | |
| 4.1 | JH Portfolio Debt | Last 4 digits of account number 2366 | \$1,376.00 | | | |
| 3 | Nonpriority Creditor's Name | | +1,51 515 | | | |
| | Equities, LLC | When was the debt incurred? 03/2017 | | | | |
| | 5757 Phantom Dr. Ste. 225 | | | | | |
| | Hazelwood, MO 63042 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | no or and action you may also statement of consortial and appropriate | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Debtor 1 and Debtor 2 only | | | | | |
| | At least one of the debtors and another | | | | | |
| | _ | | | | | |
| | ☐ Check if this claim is for a community debt | | | | | |
| | Is the claim subject to offset? | | | | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other. Specify Collecting for Citibank, N.A. | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |

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| Debto | 1 Steven Howard Rafer | | Case number (if known) | | | | | | |
|----------|--|---|--|------------|--|--|--|--|--|
| 4.1 | Real Time Resolutions | Last 4 digits of account number | 8010 | Unknown | | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 36655 | When was the debt incurred? | 03/2008 | | | | | | |
| | Dallas, TX 75235 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | • | , | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Unsecured | Debt | | | | | | |
| 4.1 | Real Time Resolutions | Last 4 digits of account number | 1235 | \$0.00 | | | | | |
| <u> </u> | Nonpriority Creditor's Name | _ | | <u> </u> | | | | | |
| | Attn: Bankruptcy P.O. Box 36655 Dallas. TX 75235 | When was the debt incurred? | 04/2008 | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | | | |
| | ☐ At least one of the debtors and another | d claim: | | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Unsecured | Debt | | | | | | |
| 4.1 | Regional Acceptance Co. | Last 4 digits of account number | 8501 | \$9,460.00 | | | | | |
| 6 | Nonpriority Creditor's Name | | | Ψο, του.ου | | | | | |
| | 111126 N. Mabry Hwy. Tampa, FL 33618 | When was the debt incurred? | 06/2015 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | | | |
| | At least one of the debtors and another | | | | | | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | | | | | | |
| | No | Debts to pension or profit-sharin | | | | | | | |
| | Yes | Balance for 2007 Chevrolet icle loan | | | | | | | |

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| Debto | Steven Howard Rafer | | Case number (if known) | | | | | | |
|---|--|--|---|------------|--|--|--|--|--|
| 1.1 | | | 2042 | 40.00 | | | | | |
| 7 | St. Mary's Credit Union | Last 4 digits of account number | <u>0813</u> | \$0.00 | | | | | |
| | Nonpriority Creditor's Name 293 Boston Post Rd. W. | When was the debt incurred? | 08/2013 | | | | | | |
| | Marlborough, MA 01752 | mich was the asst meaned. | 00/2010 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | | |
| | _ | <u>-</u> | a plane, and other similar debte | | | | | | |
| | ■ No | , , | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Unsecured | Debt | | | | | | |
| Si No 29 M No Will Debug Si Si No A A A A A A A A A A A A A A A A A A | Synchrony Bank | Last 4 digits of account number | 9192 | \$2,613.00 | | | | | |
| | Nonpriority Creditor's Name | | 07/0040 | | | | | | |
| | Ashley Furniture Home Store Attn: Bankruptcy Dept. | When was the debt incurred? | 07/2016 | | | | | | |
| | P.O. Box 965061 | | | | | | | | |
| | Orlando, FL 32896-5061 | | | | | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | | |
| | Debtor 2 only | | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | | | |
| | ■ No | | Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | □ Yes | ■ Other Specify Charge Ac | count | | | | | | |
| 11 | | | | | | | | | |
| 9 | Synchrony Bank | Last 4 digits of account number | 3541 | \$0.00 | | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Dept. | When was the debt incurred? | 01/2009 | | | | | | |
| | P.O. Box 956060 Orlando, FL 32896 | | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | • , | | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | | |
| | _ | ☐ Student loans | | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a sepa | | | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | | |
| | ☐ Yes | ■ Other Specify Charge Ac | count | | | | | | |
| | | - Uner Specify Criary Char | · · · · | | | | | | |

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| Debt | or 1 Steven Howard Rafer | Case number (if known) | | | | | | |
|----------|---|--|-------------|--|--|--|--|--|
| 4.2 0 | Synchrony Bank - Lowes | Last 4 digits of account number 4290 | \$0.00 | | | | | |
| | Nonpriority Creditor's Name P.O. Box 965005 | When was the debt incurred? 11/2008 | | | | | | |
| | Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | □ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | ☐ Yes | Other. Specify Charge Account | | | | | | |
| 4.2 | | | | | | | | |
| 1 | Synchrony Bank - Wal-Mart Nonpriority Creditor's Name | Last 4 digits of account number | \$0.00 | | | | | |
| | P.O. Box 965060 Orlando, FL 32896-5060 | When was the debt incurred? 07/2013 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | Yes | Other. Specify Charge Account | | | | | | |
| 4.2 | Target | Last 4 digits of account number 0850 | \$2,355.00 | | | | | |
| 2 | Nonpriority Creditor's Name | | | | | | | |
| | C/O Financial & Retail Srvs. Mail Stop NBT | When was the debt incurred? 03/2011 | | | | | | |
| | P.O. Box 9475 Minneapolis, MN 55440 | | | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | □ Yes | ■ Other. Specify Credit Card | | | | | | |
| | _ 100 | - Orier, Specily | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Steven Howard Rafer | | Case number (if known) | | | |
|--|---|---|--|--|--|
| Name and Address | On which entry in Part 1 or Part 2 or | did you list the original creditor? | | | |
| Durable Medical Equip., Inc. | Line 4.9 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| P.O. Box 1259 Dept. #132849 Oaks, PA 19456 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Oaks, FA 19430 | Last 4 digits of account number | 4565 | | | |
| Name and Address | On which entry in Part 1 or Part 2 or | lid you list the original creditor? | | | |
| Portfolio Recovery | Line 4.20 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| Associates, LLC P.O. Box 41067 Norfolk, VA 23541 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | Last 4 digits of account number | | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| •• | | | | | |
|-----------------------|-----|--|-----|------|-------------|
| | | | | | Total Claim |
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | | | | Ψ | 0.00 |
| | 0- | Total Britarity, A LLP, O. d. L. O. | 0- | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | | • | 0.00 |
| | | you did not report as priority claims | 6g. | \$ | |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 37,072.02 |
| | | nere. | | | |
| | 6i. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 37,072.02 |
| | oj. | Total Non-priority: / ida iiii es of till ough of. | oj. | ļ —— | 37,072.02 |
| | | | | | |

| Fill in this infor | | | | | | |
|---------------------|--------------------------|--------------------|-----------|---|--------|-----------------|
| Debtor 1 | Steven Howard R | | | | | |
| | First Name | Middle Name | Last Name | - | | |
| Debtor 2 | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Chec | k if this is an |
| | | | | | amer | nded filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

David C. Pugh, Jr. 23141 Eagle Watch Drive Land O Lakes, FL 34639 **Residential Lease**

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| | | | | ,, | | |
|---|---|---|---|---|---|---------|
| Fill in this ii | nformation to identify your | case: | | | | |
| Debtor 1 | Steven Howard F | | | | | |
| Dahtano | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing |) First Name | Middle Name | Last Name | | | |
| United State | es Bankruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | | |
| | | | | | | |
| (if known) | er | | | | ☐ Check if this is an amended filing | |
| | Form 106H ule H: Your Cod | ebtors | | | 12 <i>/</i> · | 15 |
| people are fifill it out, and your name a | iling together, both are equ | ially responsible for supper boxes on the left. Attach). Answer every question. | llying correct information the Additional Page to | on. If more space is r this page. On the to | ate as possible. If two married needed, copy the Additional P p of any Additional Pages, wr | age, |
| ☐ No | | | | | | |
| Yes | | | | | | |
| | in the last 8 years, have you , California, Idaho, Louisiana | | | | ry states and territories include | |
| ■ No. G | Go to line 3. | | | | | |
| ☐ Yes. | Did your spouse, former spo | use, or legal equivalent live | e with you at the time? | | | |
| in line 2 | 2 again as a codebtor only i 06D), Schedule E/F (Officia | if that person is a guaran | tor or cosigner. Make s | ure you have listed t | g with you. List the person sh he creditor on Schedule D (Of Schedule E/F, or Schedule G | fficial |
| | column 1: Your codebtor ame, Number, Street, City, State and Z | IP Code | | Column 2: The cro | editor to whom you owe the des that apply: | ebt |
| 1 A | nn Rafer Duncannon Ave. pt. #4 /orcester, MA 01604 | | | ☐ Schedule D, I ■ Schedule E/F ☐ Schedule G _ Regional Accept | , line <u>4.16</u> | |

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| Fill | in this information to identify | your case: | | | | | | | | | | |
|--------------------|---|---|---|-----------------------------|-----------------------------|------------------|-----------------|---------------------|-------------------------|--------------------------|----------------|------------------------------|
| Del | otor 1 Stever | n Howard Ra | afer | | | | _ | | | | | |
| | btor 2 | | | | | | _ | | | | | |
| Uni | ited States Bankruptcy Court | for the: MID | DLE DISTRICT O | F FLORIDA | 1 | | _ | | | | | |
| (If kr | se number | | | | | | | | | ed filing | | petition chapter g date: |
| | fficial Form 106I | | | | | | | Ī | /IM / DD/ \ | YYY | | |
| S | chedule I: Your | Income | ! | | | | | | | | | 12/1 |
| sup spo atta | as complete and accurate a plying correct information. use. If you are separated at the a separate sheet to this Describe Employ | If you are mand your spour form. On the | arried and not filing se is not filing wi | ng jointly, a th you, do | and your spo not include | ouse i inforr | is liv matio | ing with on abou | you, incl t your spo | ude inforr ouse. If m | nation ore spa | about your ace is needed, |
| 1. | Fill in your employment information. | | | Debtor 1 | | | | | Debtor 2 | 2 or non-fi | iling sp | ouse |
| | If you have more than one | | Employment status | | ■ Employed | | | | ☐ Empl | oyed | | |
| | attach a separate page with information about additional | | ioyineni sialus | ☐ Not employed | | | | | ☐ Not e | mployed | | |
| | employers. | Осси | ıpation | Recruite | er | | | | | | | |
| | Include part-time, seasonal self-employed work. | l, or Emp | loyer's name | Insperit | y PEO Ser | vices | , L.F | P | | | | |
| | Occupation may include strong or homemaker, if it applies. | | loyer's address | | Bruce B. Do FL 33647 | owns | Blv | d. | | | | |
| | | How | long employed th | nere? | 1 Month | | | | _ | | | |
| Pai | rt 2: Give Details Abo | out Monthly In | come | | | | | | | | | |
| | mate monthly income as of use unless you are separated | | ı file this form. If y | ou have no | othing to repo | ort for | any I | ine, write | e \$0 in the | space. In | clude yo | our non-filing |
| | ou or your non-filing spouse he space, attach a separate sl | | | mbine the i | nformation fo | or all e | emplo | oyers for | that perso | on on the li | nes bel | ow. If you need |
| | | | | | | | | For De | btor 1 | For De non-fili | btor 2 o | |
| 2. | List monthly gross wage deductions). If not paid mo | | | | | 2. | \$ | 3 | ,500.00 | \$ | | N/A |
| 3. | Estimate and list monthly | y overtime pa | y. | | | 3. | +\$ | | 0.00 | +\$ | | N/A |

Calculate gross Income. Add line 2 + line 3.

3,500.00

N/A

| Deb | tor 1 | Steven Howard Rafer | - | C | ase i | number (if known) | | | | |
|-----|----------------------------|---|-----------|----------------|----------------|-------------------|-------------|--------|---------------------|--------------------|
| | | | | | For | Debtor 1 | | Debtor | | |
| | Cop | by line 4 here | 4. | | \$ | 3,500.00 | \$ | | N/A | <u> </u> |
| 5. | List | all payroll deductions: | | | | | | | | |
| 0. | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$ | 634.88 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ — | 0.00 | \$ - | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ | 0.00 | \$_ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ | 0.00 | \$_ | | N/A | _ |
| | 5e. | Insurance | 5e |) . | \$ | 0.00 | \$_ | | N/A | <u>\</u> |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | \$ | | N/A | _ |
| | 5g. | Union dues | 5g | , | \$ | 0.00 | \$_ | | N/A | _ |
| | 5h. | Other deductions. Specify: | _ 5h | 1.+ | \$ | 0.00 | + \$_ | | N/A | <u>\</u> |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 634.88 | \$_ | | N/A | <u>\</u> |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 2,865.12 | \$_ | | N/A | <u>\</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | ۱. | \$ | 0.00 | \$ | | N/A | . |
| | 8b. | Interest and dividends | 8b |). | \$ | 0.00 | \$_ | | N/A | _ |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c | : . | \$ | 0.00 | \$ | | N/A | \ |
| | 8d. | Unemployment compensation | 8d | i. | \$ | 0.00 | \$ | | N/A | <u>\</u> |
| | 8e. | Social Security | 8e |) . | \$ | 0.00 | \$ | | N/A | <u>\</u> |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. 8g | | \$ | 0.00 | \$_ \$ | | N/A N/A | _ |
| | 8g. 8h. | Other monthly income. Specify: | _ | , | ^Ф — | 0.00 | | | N/A | _ |
| | OII. | Other monthly moonie: openiy. | _ ''' | ··· | Ψ_ | 0.00 | ΄, Ψ_ | | 11// | <u></u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | \$_ | | N/ | Ά. |
| 10. | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | • | 2,865.12 + \$ | | N/A | = \$ | 2,865.12 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | *- | | | | 14/1 | * - | 2,000.12 |
| 11. | Star Incl othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify: | depe | | , | • | • | | e <i>J</i> . +\$ | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certain lies | | | | | | 12. | \$ | 2,865.12 |
| 13. | Do | you expect an increase or decrease within the year after you file this form | 2 | | | | | | Combi | ined Ily income |
| | | No. Yes, Explain: As the rental income which the Debtor | • | | | | | | | |

| Fill | in this informa | ation to identify yo | ur case: | | | l | | | |
|------|--|---|------------------------|---|--|-------------|--------|------------------|--|
| Deb | otor 1 | Steven Howa | ard Rafe | • | | Ch | neck i | f this is: | |
| Deb | otor 2 | | | | | | | n amended filing | ving postpetition chapter |
| (Spo | ouse, if filing) | | | | | | | | the following date: |
| Unit | ted States Bank | ruptcy Court for the: | MIDDL | E DISTRICT OF FLORID | DA | | MI | M / DD / YYYY | |
| | se number | | | | | | | | |
| | | orm 106J | | | | 1 | | | |
| | | J: Your I | | | | | | | 12/1 |
| info | ormation. If m | | eded, atta | . If two married people ich another sheet to thi n. | | | | | |
| Par | | ribe Your House | hold | | | | | | |
| 1. | Is this a join | | | | | | | | |
| | ■ No. Go to | o line 2. e s Debtor 2 live i | n a separ | ate household? | | | | | |
| | | | | | | | | | |
| | □Y | es. Debtor 2 mus | t file Offici | al Form 106J-2, Expense | es for Separate House | ehold of De | ebtor | 2. | |
| 2. | Do you hav | e dependents? | □ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | | Dependent's age | Does dependent live with you? |
| | Do not state | the the | | | _ | | | | □ No |
| | dependents | names. | | | Son | | | 8 | ■ Yes □ No |
| | | | | | Daughter | | | 10 | Yes |
| | | | | | Son | | | 14 | □ No ■ Yes |
| | | | | | | | _ | | ■ res |
| • | D | | _ | | | | | | ☐ Yes |
| 3. | expenses of | penses include of people other th d your depender | nan _— | No Yes | | | | | |
| exp | imate your e | a date after the b | our bankr | uptcy filing date unless | | | | | pter 13 case to report f the form and fill in the |
| the | lude expense value of suc ficial Form 10 | h assistance and | non-cash d have ind | government assistance cluded it on <i>Schedule I</i> : | e if you know : Your Income | | | Your expe | enses |
| | | - | | | | | | | |
| 4. | | or home ownersl nd any rent for the | | ises for your residence or lot. | . Include first mortgag | e 4. | \$_ | | 1,350.00 |
| | If not include | ded in line 4: | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 |
| | • | erty, homeowner's | | | | 4b. | | | 0.00 |
| | | e maintenance, re eowner's associati | • | | | 4c. 4d. | | | 0.00 |
| 5. | | | | our residence, such as h | nome equity loans | | \$ _ | | 0.00 |

| ebtor 1 | Steven Howard Rafer | Case num | nber (if known) | |
|---------|---|--------------|-----------------|-----------------------------|
| . Util | ities: | | | |
| 6a. | Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| 6b. | Water, sewer, garbage collection | 6b. | \$ | 100.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 500.00 |
| 6d. | Other. Specify: | 6d. | \$ | 0.00 |
| Foo | od and housekeeping supplies | | \$ | 400.00 |
| | Idcare and children's education costs | 8. | \$ | 20.00 |
| Clo | thing, laundry, and dry cleaning | 9. | \$ | 40.00 |
| . Per | sonal care products and services | 10. | \$ | 50.00 |
| | dical and dental expenses | 11. | \$ | 20.00 |
| . Tra | nsportation. Include gas, maintenance, bus or train fare. | | | |
| | not include car payments. | 12. | \$ | 50.00 |
| . Ent | ertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| . Cha | aritable contributions and religious donations | 14. | \$ | 0.00 |
| | urance. | | | |
| | not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | . Life insurance | 15a. | | 0.00 |
| | . Health insurance | 15b. | · | 0.00 |
| 15c | . Vehicle insurance | 15c. | · - | 0.00 |
| | . Other insurance. Specify: | 15d. | \$ | 0.00 |
| | es. Do not include taxes deducted from your pay or included in lines 4 or | | | |
| | ecify: | 16. | \$ | 0.00 |
| | tallment or lease payments: | 47 | • | |
| | . Car payments for Vehicle 1 | 17a. | · | 200.00 |
| | . Car payments for Vehicle 2 | 17b. | | 0.00 |
| | Other. Specify: Vehicle payment for 2007 Chevrolet Impala | 17c. | · | 350.00 |
| | . Other. Specify: | 17d. | \$ | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not re | | ¢ | 350.00 |
| | lucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Forner payments you make to support others who do not live with you. | m 1061). | \$ | |
| | er payments you make to support others who do not live with you. | 19. | Φ | 0.00 |
| | er real property expenses not included in lines 4 or 5 of this form or | | our Incomo | |
| | . Mortgages on other property | 20a. | | 0.00 |
| | . Real estate taxes | 20b. | | 0.00 |
| | | 20b. 20c. | · | |
| | Property, homeowner's, or renter's insurance | 20d. 20d. | | 0.00 |
| | . Maintenance, repair, and upkeep expenses | | · | 0.00 |
| | . Homeowner's association or condominium dues | 20e. | * | 0.00 |
| . Oth | er: Specify: | 21. | +\$ | 0.00 |
| . Cal | culate your monthly expenses | | | |
| | . Add lines 4 through 21. | | \$ | 3,630.00 |
| | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form | 106J-2 | \$ | |
| | . Add line 22a and 22b. The result is your monthly expenses. | | \$ | 3,630.00 |
| 220 | . Add line 22a and 22b. The result is your monthly expenses. | | Ψ | 3,030.00 |
| B. Cal | culate your monthly net income. | | | |
| 23a | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 2,865.12 |
| 23b | . Copy your monthly expenses from line 22c above. | 23b. | -\$ | 3,630.00 |
| | | | | , |
| 23c | . Subtract your monthly expenses from your monthly income. | ~ - | . | 764.00 |
| | The result is your monthly net income. | 23c. | \$ | -764.88 |
| For o | you expect an increase or decrease in your expenses within the year example, do you expect to finish paying for your car loan within the year or do you e lification to the terms of your mortgage? | | | ease or decrease because of |
| | | | | |
| | Yes. Explain here: | | | |

| Fill in thi | s informa | tion to identify your | case: | | | | | |
|----------------------------|--------------------------|---|---------------------------|---------------|-------------------|-------------------|--|------|
| Debtor 1 | | Steven Howard F | Rafer | | | | | |
| | | First Name | Middle Name | Las | t Name | | | |
| Debtor 2 (Spouse if, fi | iling) | First Name | Middle Name | Las | t Name | | | |
| United St | ates Bank | ruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA | | | | |
| Case nun | mber | | | | | | ☐ Check if this is an | |
| | | | | | | | amended filing | |
| | | | an Individual | | | | 1: | 2/15 |
| If two ma | rried peop | ole are filing togethe | r, both are equally respo | onsible for s | upplying correct | t information. | | |
| obtaining | money o | | n connection with a ban | | | | tement, concealing property, c 000, or imprisonment for up to | |
| | Sign E | Below | | | | | | |
| Did | you pay o | or agree to pay some | eone who is NOT an atto | rney to help | you fill out banl | kruptcy forms? | | |
| | No | | | | | | | |
| | Yes. Nar | me of person | | | | | nkruptcy Petition Preparer's Noti n, and Signature (Official Form 1 | |
| | | | | | | | | |
| Unde | er penalty they are t | of perjury, I declare rue and correct. | that I have read the sum | nmary and s | chedules filed w | ith this declarat | ion and | |
| х / | s/ Steve | n Howard Rafer | | х | | | | |
| - | | loward Rafer of Debtor 1 | | | Signature of Del | btor 2 | | |
| [| Date No | vember 21, 2018 | | | Date | | | |

| | or 1 Steven Howard Rafer | | | | | |
|--|------------------------------|--|--|--|--|--|
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Banl | kruptcy Court for the: | MIDDLE DISTRICT OF FLORID | DA | | | |
| Case number | | | | ☐ Check if this is an amended filing | | |
| | of Financial A | | ls Filing for Bankruptc | <u>- </u> | | |
| nformation. If mo | | attach a separate sheet to this fo | orm. On the top of any additional pag | | | |
| Part 1: Give De | etails About Your Mar | ital Status and Where You Lived | d Before | | | |
| I. What is your | current marital status | s? | | | | |
| ☐ Married■ Not marri | ied | | | | | |
| 2. During the las | st 3 years, have you li | ived anywhere other than where | you live now? | | | |
| | | | you are now. | | | |
| □ No ■ Yes. List | all of the places you liv | ved in the last 3 years. Do not incl | | | | |
| | | · | | Dates Debtor 2 lived there | | |
| Yes. List Debtor 1 Price 28421 Wild | | ved in the last 3 years. Do not inclu Dates Debtor 1 | ude where you live now. | | | |
| Yes. List Debtor 1 Price 28421 Wild Land O Lak 3319 Broke | or Address: Frontier Drive | ved in the last 3 years. Do not included in the last 3 years. Do not include i | ude where you live now. Debtor 2 Prior Address: | lived there ☐ Same as Debtor 1 | | |
| Yes. List Debtor 1 Price 28421 Wild Land O Lake 3319 Broke Land O Lake 24741 Blazi | Frontier Drive kes, FL 34639 | Dates Debtor 1 lived there From-To: 08/2017 - 08/2018 | Debtor 2 Prior Address: | lived there ☐ Same as Debtor 1 From-To: ☐ Same as Debtor 1 | | |

Official Form 107

| Debtor 1 Steven Howard Rafer | | Case number (if known) | | | | |
|---|---|---|--|---|---|--|
| | | | | | | |
| | | | | | | |
| Part 2 | Explain the Sources of You | ır Income | | | | |
| Fill i | id you have any income from employment or from operating a business during this year or the two previous calendar years? Il in the total amount of income you received from all jobs and all businesses, including part-time activities. you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. | | | | | |
| | No | | | | | |
| | No Yes. Fill in the details. | | | | | |
| _ | res. I ili ili tile details. | | | | | |
| | | Debtor 1 | | Debtor 2 | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | |
| From January 1 of current year until the date you filed for bankruptcy: | | ■ Wages, commissions, bonuses, tips | \$45,879.14 | ☐ Wages, commissions, bonuses, tips | | |
| | | ☐ Operating a business | | ☐ Operating a business | | |
| For last calendar year: (January 1 to December 31, 2017) | | ■ Wages, commissions, bonuses, tips | \$81,757.00 | ☐ Wages, commissions, bonuses, tips | | |
| | | ☐ Operating a business | | ☐ Operating a business | | |
| For the calendar year before that: (January 1 to December 31, 2016) | | ■ Wages, commissions, bonuses, tips | \$62,008.00 | ☐ Wages, commissions, bonuses, tips | | |
| | | ☐ Operating a business | | ☐ Operating a business | | |
| Inclu and winr | you receive any other income ude income regardless of wheth other public benefit payments; nings. If you are filing a joint case each source and the gross income. No Yes. Fill in the details. | ner that income is taxable. Ex- pensions; rental income; inte se and you have income that | amples of other income are a rest; dividends; money collect you received together, list it o | ted from lawsuits; royalties; an inly once under Debtor 1. | | |
| | | Debtor 1 | | Debtor 2 | | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) | |
| From January 1 of current year until the date you filed for bankruptcy: | | Rental Income | \$12,150.00 | | | |
| For last calendar year: (January 1 to December 31, 2017) | | Rental Income | \$13,100.00 | | | |
| | | Retirement Acct. Distributions | \$3,612.00 | | | |
| For the calendar year before that: (January 1 to December 31, 2016) | | Rental Income | \$13,200.00 | | | |
| | | Brokerage Acct. Distributions | \$518.00 | | | |
| | | | | | | |

| Dei | otor 1 | Steve | n Howa | rd Rafer | | Cas | e number (if known) | |
|-----|---------------------------------|--------|---------------------------|---|--|---|----------------------|---|
| | | | | | | | | |
| Par | rt 3: Li | ist Ce | ertain Pay | ments You Made Bef | ore You Filed for Bankru | ptcy | | |
| 6. | Are eith □ No | . N | either Del | btor 1 nor Debtor 2 ha | rimarily consumer debts? as primarily consumer de family, or household purpo | bts. Consumer debt | s are defined in 11 | U.S.C. § 101(8) as "incurred by an |
| | | | - ~ | 90 days before you filed Go to line 7. | d for bankruptcy, did you pa | ay any creditor a tota | ıl of \$6,425* or mo | re? |
| | | | ∃ _{Yes} | List below each credit paid that creditor. Do | | omestic support oblig | | yments and the total amount you nild support and alimony. Also, do |
| | | * | | , , | 9 and every 3 years after the | | or after the date of | of adjustment. |
| | ■ Ye | | | | ve primarily consumer de d for bankruptcy, did you pa | | al of \$600 or more? | ? |
| | | | No. | Go to line 7. | | | | |
| | | | | | domestic support obligatior | | | you paid that creditor. Do not Also, do not include payments to an |
| | Credito | or's N | ame and | Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
| | of which a busine alimony | you a | are an offi ou operate | cer, director, person in | control, or owner of 20% of | r more of their voting | securities; and a | ou are a general partner; corporations ny managing agent, including one for is, such as child support and |
| | | | me and A | | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | insider | ? | - | rou filed for bankrupt | | ments or transfer a | ny property on a | ccount of a debt that benefited an |
| | | | | ents to an insider | | | | |
| | Insider | 's Na | me and A | Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| Par | rt 4: Id | entif | y Legal A | ctions, Repossession | ns, and Foreclosures | | | |
| 9. | List all s | uch n | natters, in | | cy, were you a party in ar cases, small claims action | | | |
| | □ No ■ Ye | | in the det | ails. | | | | |
| | Case ti | | er | | Nature of the case | Court or agency | | Status of the case |
| | | iatio | n v. Stev | lortgage ven H. Rafer | Mortgage Foreclosure | Massachusetts 3 Pemberton S Boston, MA 02 | quare | ■ Pending □ On appeal □ Concluded |

| Del | otor 1 Steven Howard Rafer | | Case number (| (if known) | |
|-----|---|-------------------------------|---|--------------------------|-------------------------|
| | | | | | |
| | Case title Case number | Nature of the case | Court or agency | Status of th | e case |
| | Bank of America, N.A. v. Steven H Rafer, et. al. 15SM002822 | l. Mortgage Foreclosure | Massachusetts Land Co 3 Pemberton Square Boston, MA 02108 | Pending On appe Conclud | al |
| 10. | Within 1 year before you filed for bank Check all that apply and fill in the details | | perty repossessed, foreclosed | , garnished, attached | I, seized, or levied? |
| | ■ No. Go to line 11. □ Yes. Fill in the information below. | | | | |
| | Creditor Name and Address | Describe the Property | У | Date | Value of the |
| | | Explain what happen | ad | | property |
| 11. | Within 90 days before you filed for bar accounts or refuse to make a payment ■ No □ Yes. Fill in the details. | | | titution, set off any a | mounts from your |
| | Creditor Name and Address | Describe the action to | he creditor took | Date action was taken | Amount |
| | No Yes **List Certain Gifts and Contribution Within 2 years before you filed for ban | | fts with a total value of more th | nan \$600 per personí | , |
| 10. | ■ No □ Yes. Fill in the details for each gift. | ap.o,, a.a you g a, g. | | voos per person | |
| | Gifts with a total value of more than \$ per person | Describe the gift | s | Dates you gave the gifts | Value |
| | Person to Whom You Gave the Gift an Address: | nd | | | |
| 14. | Within 2 years before you filed for ban ■ No □ Yes. Fill in the details for each gift or | , , , , , , , , | fts or contributions with a tota | I value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | t total Describe what y | ou contributed | Dates you contributed | Value |
| Par | t 6: List Certain Losses | | | | |
| 15. | Within 1 year before you filed for bank or gambling? | ruptcy or since you filed for | bankruptcy, did you lose anyt | hing because of thef | t, fire, other disaster |
| | □ No ■ Yes. Fill in the details. | | | | |
| | Describe the property you lost and | Describe any insurance | coverage for the loss | Date of your | Value of property |
| | how the loss occurred | Include the amount that in | surance has paid. List pending 3 of Schedule A/B: Property. | loss | los |

Case number (if known) Debtor 1 Steven Howard Rafer

| | Describe the property you lost and how the loss occurred | Include | be any insurance coverage for the loat the amount that insurance has paid. Luce claims on line 33 of Schedule A/B: I | ist pending | Date of your loss | Value of property lost |
|-----|---|------------------------------|--|-------------|--|------------------------|
| | 2007 Chevrolet Impala (VIN: 2G1WB58K179253182) with 125,300 miles. The Vehicle was involved in a crash on 09/20/2017 and was towed away by Rosario's Automotive Services, Inc. of Tampa, FL who apparently placed a lien against the Vehicle for services. Notice under F.S. 713.78 was apparently sent to the Debtor by the Lienor, however the Debtor did not receive such as he was in the process of moving at that time. The Vehicle's title records now show a Certificate of Destruction as of 10/31/2017. | | | | 09/20/2017 - 10/31/2017 | \$1,543.00 |
| Par | List Certain Payments or Transfers | s | | | | |
| | Within 1 year before you filed for bankru consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition p | preparir | ng a bankruptcy petition? | . , | , , , | rty to anyone you |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ′ ou | Description and value of any proper transferred | erty | Date payment or transfer was made | Amount of payment |
| | Jeffrey R. Thibault, P.A. P.O. Box 341434 Tampa, FL 33694 JeffECF@ThibaultLawFirm.com | | Attorney Fees - \$1,667.00 Credit Counseling Course - \$25 Credit Report - \$33.00 Debtor Education Course - \$25 | | 02/24/2017 - \$500.00 04/04/2017 - \$500.00 05/08/2017 - \$750.00 | \$1,750.00 |
| 17. | Within 1 year before you filed for bankru promised to help you deal with your cre Do not include any payment or transfer tha | ditors o | r to make payments to your creditors | | r transfer any prope | rty to anyone who |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | Description and value of any proper | | Data naviment | Amount of |
| | Person Who Was Paid Address | | Description and value of any proper transferred | erty | Date payment or transfer was made | Amount of payment |
| | Within 2 years before you filed for bankr transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have all No | u r busin s made a | ess or financial affairs? as security (such as the granting of a se | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | iny property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | | |

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

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Case number (if known)

| | NoYes. Fill in the details. | | | | | |
|-----|--|--|---|------------|--|---|
| | Name of trust | Description an | d value of the pro | perty tra | nsferred | Date Transfer was |
| ar | 8: List of Certain Financial Accounts, In | struments. Safe Depo | osit Boxes, and S | torage Ur | nits | made |
| | | | | | | vour bonofit alogad |
| | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso | or other financial acco | ounts; certificate: | s of depo | | |
| | Yes. Fill in the details. | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of acco instrument | ount or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| | Bank of America P.O. Box 15026 Wilmington, DE 19850-5026 | XXXX-2969 | ■ Checking □ Savings □ Money Ma □ Brokerage □ Other | | 12/12/2017 - Account was overdrawn in the amount of \$409.64 at the time of its closing. | \$0.00 |
| | Bank of America P.O. Box 15026 Wilmington, DE 19850-5026 | XXXX-4091 | ☐ Checking ☐ Savings ■ Money Ma ☐ Brokerage ☐ Other | | 11/22/2017 | \$0.00 |
| | Do you now have, or did you have within 1 cash, or other valuables? | year before you filed | for bankruptcy, a | ny safe d | eposit box or other depo | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had a Address (Numbe State and ZIP Code) | er, Street, City, | Describ | e the contents | Do you still have it? |
| 2. | Have you stored property in a storage unit ■ No | or place other than yo | our home within 1 | l year bef | ore you filed for bankrup | tcy? |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has of to it? Address (Number State and ZIP Code) | er, Street, City, | Describ | e the contents | Do you still have it? |
|)ar | 9: Identify Property You Hold or Control | for Someone Fise | | | | |
| | Do you hold or control any property that so for someone. | | nclude any prope | rty you bo | orrowed from, are storing | for, or hold in trust |
| | □ No■ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property (Number, Street, Cit Code) | | Describ | e the property | Value |
| | | | | | | |

Debtor 1 Steven Howard Rafer

Debtor 1 Steven Howard Rafer

Case number (if known)

| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
|-----|---|---|--|-----------------------|
| | Ann Rafer 1 Duncannon Ave. Apt. #4 Worcester, MA 01604 | 3323 Castle Rock Circle Land O Lakes, FL 34639 | 2014 Ford Flex with 65,000 miles | \$12,830.00 |
| Par | t 10: Give Details About Environmental Inform | nation | | |
| For | the purpose of Part 10, the following definitions | s apply: | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the regulations controlling the cleanup of these su | air, land, soil, surface water, groun | - · | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposa | - | law, whether you now own, operate, | or utilize it or used |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of whe | n they occurred. | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | e under or in violation of an environm | ental law? |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any | y release of hazardous material? | | |
| | No No | | | |
| | Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admini | istrative proceeding under any env | ironmental law? Include settlements | and orders. |
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | t 11: Give Details About Your Business or Co | • | | |
| 27 | Within 4 years before you filed for bankruptcy, | did you own a business or have a | ay of the following connections to an | v husiness? |
| 21. | ☐ A sole proprietor or self-employed in a | • | , | y business: |
| | ☐ A member of a limited liability compan | | • | |
| | ☐ A partner in a partnership | | | |
| | ☐ An officer, director, or managing execu | itive of a corporation | | |
| | ☐ An owner of at least 5% of the voting o | r equity securities of a corporation | | |
| | | | | |

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| Debtor 1 Steven Howard Rafer | Ca | se number (if known) |
|--|--|---|
| | | |
| No New of the characteristics Code | Day 40 | |
| No. None of the above applies. Go to | | |
| Yes. Check all that apply above and fil | I in the details below for each business. | |
| Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed |
| 28. Within 2 years before you filed for bankrup institutions, creditors, or other parties. | tcy, did you give a financial statement to a | nyone about your business? Include all financial |
| ■ No | | |
| Yes. Fill in the details below. | | |
| Name | Date Issued | |
| Address (Number, Street, City, State and ZIP Code) | | |
| Part 12: Sign Below | | |
| | false statement, concealing property, or o | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
| /s/ Steven Howard Rafer | | |
| Steven Howard Rafer | Signature of Debtor 2 | |
| Signature of Debtor 1 | | |
| Date November 21, 2018 | Date | |
| Did you attach additional pages to Your Stateme | ent of Financial Affairs for Individuals Filin | g for Bankruptcy (Official Form 107)? |
| ■ No | | |
| □Yes | | |
| Did you pay or agree to pay someone who is no | t an attorney to help you fill out hankrupte | v forms? |
| ■ No | and accounts to neip you mit out building | , 101.110 |
| | uptcy Petition Preparer's Notice, Declaration, a | and Signature (Official Form 119). |

| Debtor 1 Steven Howard Rafer Test Name | Fill in this inform | nation to identify your o | case: | | | |
|--|----------------------------|--|----------------------|-------------------------------------|------------------------|---|
| Debtor 2 General Field Feet Name Midde Name Late Name | | | | | | |
| Case number With room Case number | Dobtor 2 | First Name | Middle Name | Last Name | | |
| Case number Check if this is an amended filing | | First Name | Middle Name | Last Name | | |
| Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 12/15 If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must fill earlier, unless the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). 2401 | United States Bar | nkruptcy Court for the: | MIDDLE DISTRIC | T OF FLORIDA | | |
| Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 12/15 If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). cartistical List Your Creditors Who Have Secured Claims List Your Creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that Did you claim the property as exempt on Schedule C? Creditor's Federal National Mortgage Surrender the property and redeem it. Retain the property and lexplain]: Retain the property and lexplain]: Yes Retain the property and lexplain]: Retain the property and lexplain]: Yes Retain the property and lexplain]: Surrender the property and lexplain]: Yes Retain the property and lexplain]: Yes Yes Yes Yes Y | Case number | | | | | |
| Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property. or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and leasors you list on the form If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that secures a debt? Surrender the property and redeem it. Retain the property and redeem it. Retain the property and lease it. Retain the property and [explain]: Yes Retain the property and [explain]: Retain the property and [explain]: Yes Retain the property and [explain]: Retain the property and [explain]: Yes Retain the property and [explain]: Surrender the property and [explain]: Yes Retain the property and [explain]: Retain the property and [explain]: Yes Y | (if known) | | | | | _ |
| If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form. If two married people are filling together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). I. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that case was exempt on Schedule C? Creditor's Federal National Mortgage name: Surrender the property. Surrender the property was exempt on Schedule C? Creditor's Federal National Mortgage name: Surrender the property and redeem it. Retain the property and enter into a Realimmation Agreement. Retain the property and enter into a Realimmation Agreement. Retain the property and enter into a Realimmation Agreement. Retain the property and enter into a Realimmation below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased Yes | | | | | | amended ming |
| If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filling together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). If or any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that contains a secure a debt? Creditor's Federal National Mortgage Surrender the property and redeem it. Retain the property and enter into a Realimment of the property and enter | Official For | rm 108 | | | | |
| If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part | | | n for Indiv | iduale Filina Undo | r Chanter 7 | 40/45 |
| creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part 1 List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral what do you intend to do with the property that secures a debt? Creditor's Federal National Mortgage Surrender the property, Retain the property and enter into a Realtimation Agreement. Retain the property and enter into a Realtimation Agreement. Retain the property and enter into a Realtimation Agreement. Retain the property and lexplain]: Part 2 List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule C: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased | Statemen | it or intentio | ii ioi iiidiv | iduais i illing Onde | i Chaptel I | 12/15 |
| you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is sariler, ruless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filling together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral what do you intend to do with the property that secures a debt? Creditor's Federal National Mortgage name: Description of property who creater County Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the Information below. Retain the property and enter into a Realimation Agreement. Retain the property and [explain]: Retain the property and enter into a Realimation below. Do not list real estate leases, Unexpired leases are leases that are still in effect, the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased Property: Lessor's name: Description of leased Property: Lessor's name: Description of leased | If you are an indiv | vidual filing under chap | oter 7, you must fil | out this form if: | | |
| You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral What do you intend to do with the property that bid you claim the property as exempt on Schedule C? Creditor's Federal National Mortgage name: Description of 12 Oak Lane Spencer, MA 01562 property Worcester County securing debt: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the Information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Description of leased Property: Lessor's name: Description of leased Property: Description of leased Property: Description of leased Property: Description of leased | _ | , , | , | | | |
| Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral | You must file this whichev | form with the court were is earlier, unless th | ithin 30 days after | you file your bankruptcy petition o | | |
| write your name and case number (if known). Part 1: List Your Creditors Who Have Secured Claims 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral | | | in a joint case, bo | th are equally responsible for supp | olying correct informa | ation. Both debtors must |
| 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral | | | | needed, attach a separate sheet t | o this form. On the to | p of any additional pages, |
| 1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral | Part 1: List Yo | our Creditors Who Have | Secured Claims | | | |
| Identify the creditor and the property that is collateral Creditor's Federal National Mortgage Surrender the property Surrender the property No | | | | · Creditors Who Have Claims Secu | red by Property (Offic | cial Form 106D) fill in the |
| Creditor's Federal National Mortgage name: Description of 12 Oak Lane Spencer, MA 01562 Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property leases Describe your unexpired personal property leases Lessor's name: Description of leased Property: No No | information be | low. | | | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| name: Description of property Securing debt: Description of debt: Description of property Securing debt: Description of descent debt: Description of leased Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Retain the property and enter into a Reaffirmation Agreement. Retain the property and letter into a Reaffirmation Agreement. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the | identify the cre | ditor and the property tr | iat is collateral | | | |
| name: Description of property Securing debt: Description of debt: Description of property Securing debt: Description of descent debt: Description of leased Retain the property and enter into a Reaffirmation Agreement. Retain the property and [explain]: Retain the property and enter into a Reaffirmation Agreement. Retain the property and letter into a Reaffirmation Agreement. Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. Retain the | | | | | | |
| Description of property work Lane Spencer, MA 01562 property work Securing debt: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased Property: Description of leased | Creditor's Fe | ederal National Mort | gage | Surrender the property. | | ■ No |
| Description of property Worcester County securing debt: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased Property: Description of leased | name: | | | _ | | П у |
| property securing debt: 1,276 Sq. Ft., 2 bedrom, 1 Bathroom Home Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased Property: Description of leased Property: Description of leased | Description of | 12 Oak Lane Spend | er, MA 01562 | | nto a | ⊔ Yes |
| Bathroom Home Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased Property: Description of leased | property | Worcester County | | _ | n]: | |
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased Property: Description of leased | securing debt: | | rom, 1 | | | |
| For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased Property: Description of leased | Day 6 History | | B | | | |
| You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Description of leased Property: Lessor's name: Description of leased | | | | in Schedule G: Executory Contrac | ts and Unexpired Lea | ses (Official Form 106G), fill |
| Lessor's name: Description of leased Property: Lessor's name: Description of leased No | | | | | | e period has not yet ended. |
| Description of leased Property: Lessor's name: Description of leased | Describe your un | nexpired personal prop | erty leases | | Will | the lease be assumed? |
| Property: Lessor's name: Description of leased | | | | | | lo |
| Lessor's name: Description of leased | _ ' | sed | | | □ Y | ´es |
| Description of leased | Lessor's name | | | | | |
| Property. □ Yes | Description of lease | sed | | | | |
| | ⊢горепу: | | | | □ Y | 'es |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 8:18-bk-10050-CPM Doc 1 Filed 11/21/18 Page 44 of 55

| Debtor | r1 <u>S</u> | Steven Howard Rafer | Case number (if known) | |
|------------------|-------------|--|--|-------------------------------|
| | | | | |
| Lessor | | | | □ No |
| Descri Proper | | of leased | | ☐ Yes |
| Lessor | | | | □ No |
| Descri Proper | • | of leased | | ☐ Yes |
| | | | | |
| Lessor | | ne: of leased | | □ No |
| Proper | • | | | ☐ Yes |
| Lessor | | | | □ No |
| Descri Proper | • | of leased | | ☐ Yes |
| Lessor | rla nam | | | |
| | | ite. of leased | | □ No |
| Proper | | | | ☐ Yes |
| Part 3: | Sig | gn Below | | |
| proper | | ty of perjury, I declare that I have indicated my intention t is subject to an unexpired lease. | about any property of my estate that see | cures a debt and any personal |
| / \ | | ven Howard Rafer | X | |
| _ | | n Howard Rafer are of Debtor 1 | Signature of Debtor 2 | |
| | ate | November 21, 2018 | Date | |

| | | | | _ | | | | |
|------------------|--|--|-----------------------------------|------------------------------|-------------------------|-------------------------------|---|-----------------------------------|
| Fill in | this information to identify your case: | | | | | | lirected in this form and | in Form |
| Debt | or 1 Steven Howard Rafer | | | 122/ | A-1Supp | | | |
| Debte (Spous | or 2 | | | • | 1. Ther | e is no pres | umption of abuse | |
| Unite | d States Bankruptcy Court for the: Middle Dist | rict of Florida | | | арр | lies will be n | to determine if a presur nade under <i>Chapter 7</i> iicial Form 122A-2). | |
| Case (if know | number wn) | | | | 3. The | Means Test | does not apply now be service but it could ap | |
| ∩ffi | cial Form 122A - 1 | | | | ☐ Check | if this is a | n amended filing | |
| | apter 7 Statement of Your | Current | Monthl | y Inco | ome | | | 12/15 |
| attach case n | complete and accurate as possible. If two married a separate sheet to this form. Include the line num number (if known). If you believe that you are exemping military service, complete and file Statement o Calculate Your Current Monthly Income | ber to which the pted from a presure feet from a presure feet from the feet from the | additional info umption of abu | rmation ap | plies. On e you do | the top of a not have prin | ny additional pages, writ marily consumer debts o | te your name and or because of |
| 1. | What is your marital and filing status? Check | one only. | | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | |
| | ☐ Married and your spouse is filing with you | . Fill out both C | olumns A and | B, lines 2 | 2-11. | | | |
| | \square Married and your spouse is NOT filing wit | h you. You and | l your spous | e are: | | | | |
| | ☐ Living in the same household and are n | ot legally sepa | rated. Fill out | both Colu | ımns A a | nd B, lines 2 | 2-11. | |
| | ☐ Living separately or are legally separated penalty of perjury that you and your spous living apart for reasons that do not include: | se are legally se | parated unde | r nonbank | ruptcy la | w that appli | es or that you and your | |
| 10 ^o | I in the average monthly income that you received for 1(10A). For example, if you are filing on September 15, 6 months, add the income for all 6 months and divide buses own the same rental property, put the income from | the 6-month period the total by 6. Fill i | od would be Main the result. Do | rch 1 throug not include | gh August e any inco | 31. If the amo | ount of your monthly incon ore than once. For examp | ne varied during ble, if both |
| | | | | | Column / Debtor 1 | | Column B Debtor 2 or non-filing spouse | |
| | Your gross wages, salary, tips, bonuses, over payroll deductions). | rtime, and con | nmissions (b | efore all | \$ | 4,605.30 | \$ | |
| 3. | Alimony and maintenance payments. Do not Column B is filled in. | include paymen | ts from a spor | use if | \$ | 0.00 | \$ | |
| | All amounts from any source which are regu of you or your dependents, including child s from an unmarried partner, members of your ho and roommates. Include regular contributions fro filled in. Do not include payments you listed on li | upport. Include usehold, your de om a spouse onl | regular contri ependents, pa | butions irents, is not | \$ | 0.00 | \$ | |
| 5. | Net income from operating a business, profe | ssion, or farm | | | | | | |
| | | | Debtor 1 | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | . hava - 4 | | 0.00 | ¢ | |
| | Net monthly income from a business, profession | · - | 0.00 Copy | nere -> \$ | | 0.00 | \$ | |
| 6. | Net income from rental and other real proper | ty | Debtor 1 | | | | | |
| | Grace receipts (before all deductions) | \$ | 1,150.00 | | | | | |
| | Gross receipts (before all deductions) Ordinary and necessary operating expenses | -\$ | 56.67 | | | | | |
| | Net monthly income from rental or other real | * | | Сору | | | | |
| | property | \$ | 1,093.33 | here -> \$ | | 1,093.33 | \$ | |
| 7. | Interest, dividends, and royalties | | | | \$ | 0.00 | \$ | |

Official Form 122A-1

| Total current moincome 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 | Debtor ⁻ | 1 <u>S</u> 1 | teve | n Howard Rafer | | | Case numbe | r (if known) | | | | |
|---|---------------------|---------------------------|----------------------|---|---|-------------|--------------|--------------|----------------|-------|------------------|-------|
| 8. Unemployment compensation Do not errier the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ 0.00 For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12b. The result is your annual income for this part of the form 12c. Fill in the attain which you live. FL Fill in the aumber of people in your household. 4 Fill in the median family income that applies to you. Follow these steps: Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may sist be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X / Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | | | | | | | | | Debtor 2 c | | ISe | |
| Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Calculate your current monthly income for the year, Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 12b. Special S | 8. l | Jnemp | ployr | nent compensation | | | \$ | 0.00 | | • | | |
| S | | o not | ente | r the amount if you contend that the amoun | t received was a bene | fit under | ` | | · | | | |
| S | | Fory | you | \$ | 0. | .00 | | | | | | |
| 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. \$ 0.00 \$ | | Fory | your | spouse\$ | | | | | | | | |
| Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or internating or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. S | | Pensio | on or | retirement income. Do not include any ar | | is a | \$ | 0.00 | \$ | | | |
| Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 12. Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 5,698. Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12c. Fill in the state in which you live. FL Fill in the median family income for your state and size of household. 7 of find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | r c | Do not eceive domes | inclued as tic te | de any benefits received under the Social savictim of a war crime, a crime against hu | Security Act or paymer manity, or internationa | nts I or | | | | | | |
| Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. 21. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income for the year. Follow these steps: 12b. The result is your annual income for this part of the form 12b. The result is your annual income that applies to you. Follow these steps: Fill in the state in which you live. FL Fill in the median family income that applies to you. Follow these steps: Fill in the median family income for your state and size of household. 4 Fill in the median family income for your state and size of household. 13. § 76,953. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 2art 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Signature of Debtor 1 Date Movember 21, 2018 | | | | | | | \$ | 0.00 | \$ | | | |
| 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. \$ 5,698.63 | | | | | | | \$ | 0.00 | \$ | | | |
| each column. Then add the total for Column A to the total for Column B. Solution So | | | То | tal amounts from separate pages, if any. | | + | \$ | 0.00 | \$ | | | |
| Determine Whether the Means Test Applies to You 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 | | | | | | \$ | 5,698.63 | + \$_ | | = 9 | 5,698.6 | 3 |
| 2. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ 5,698. Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. FL Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Chief 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X / S Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | | | | | | | | | | | otal current mon | ithly |
| 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 | art 2 | | Doto | rmine Whether the Means Test Annlies | o Vou | | | | | | ncome | |
| 12a. Copy your total current monthly income from line 11 | | | | | | | | | | | | |
| Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the form 12b. \$ 68,383. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. FL Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | 12. (| Calcul | ate y | our current monthly income for the year | Follow these steps: | | | | | | | |
| 12b. The result is your annual income for this part of the form 12b. \$ 68,383. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. FL Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | 1 | 2a. C | ору у | our total current monthly income from line | 11 | | Сор | y line 11 | here=> | \$ | 5,698.6 | 3 |
| 12b. The result is your annual income for this part of the form 12b. \$ 68,383. 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. FL Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | | | | | | | | | | | | |
| 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. FL Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Signature of Debtor 1 November 21, 2018 | | М | lultipl | y by 12 (the number of months in a year) | | | | | | | x 12 | |
| Fill in the state in which you live. FL Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. On to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | 1 | 2b. Th | he re | sult is your annual income for this part of th | e form | | | | 12b | p. \$ | 68,383.5 | 6 |
| Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | 13. (| Calcul | ate t | he median family income that applies to | you. Follow these ste | ps: | | | | | | |
| Fill in the number of people in your household. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | F | ill in th | he st | ate in which you live | FI | | | | | | | |
| Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | • | | | ate in Which you ive. | | | | | | | | |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | F | ill in th | he nu | ımber of people in your household. | 4 | | | | | | | |
| To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | F | ill in th | he m | edian family income for your state and size | of household. | | | | 13. | \$ | 76,953.0 |)0 |
| 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse</i> . Go to Part 3. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, <i>The presumption of abuse is determined by Form 122A-2</i> . Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | ٦ | o find | l a lis | t of applicable median income amounts, go | online using the link s | | | | | Ψ. | | |
| Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | f | or this | form | . This list may also be available at the bank | ruptcy clerk's office. | | | | | | | |
| Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | 14. F | low d | o the | e lines compare? | | | | | | | | |
| Go to Part 3 and fill out Form 122A-2. Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | 1 | 4a. | | • | n the top of page 1, ch | neck box | 1, There is | no presun | nption of abus | se. | | |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | 1 | 4b. | | • | of page 1, check box 2 | , The pr | esumption of | f abuse is | determined b | y Foi | m 122A-2. | |
| X /s/ Steven Howard Rafer Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | Part 3 | : | Sign | Below | | | | | | | | |
| Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | | By | y sigi | ning here, I declare under penalty of perjury | that the information o | n this sta | atement and | in any att | achments is t | rue a | nd correct. | |
| Steven Howard Rafer Signature of Debtor 1 Date November 21, 2018 | | v | lel (| Stavan Howard Pafer | | | | | | | | |
| | | ^ . | Ste | ven Howard Rafer | | | | | | | | |
| | | Date | Nov | vember 21, 2018 | | | | | | | | |
| If you checked line 14a, do NOT fill out or file Form 122A-2. | | If | | | m 122A-2. | | | | | | | |
| If you checked line 14b, fill out Form 122A-2 and file it with this form. | | lf : | you (| checked line 14b, fill out Form 122A-2 and t | file it with this form. | | | | | | | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 05/01/2018 to 10/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Insperity PEO Services, L.P.

Income by Month:

| 6 Months Ago: | 05/2018 | \$0.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 06/2018 | \$0.00 |
| 4 Months Ago: | 07/2018 | \$0.00 |
| 3 Months Ago: | 08/2018 | \$0.00 |
| 2 Months Ago: | 09/2018 | \$0.00 |
| Last Month: | 10/2018 | \$3,500.00 |
| | Average per month: | \$583.33 |

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Worldwide Medical Services, Inc.

Income by Month:

| 6 Months Ago: | 05/2018 | \$3,898.53 |
|---------------|--------------------|------------|
| 5 Months Ago: | 06/2018 | \$4,985.62 |
| 4 Months Ago: | 07/2018 | \$4,083.64 |
| 3 Months Ago: | 08/2018 | \$5,039.57 |
| 2 Months Ago: | 09/2018 | \$4,545.07 |
| Last Month: | 10/2018 | \$1,579.38 |
| | Average per month: | \$4,021.97 |

Line 6 - Rent and other real property income

Source of Income: **Rental Income** Income/Expense/Net by Month:

| | Date | Income | Expense | Net |
|---------------|--------------------|------------|-----------------------------|------------|
| 6 Months Ago: | 05/2018 | \$1,150.00 | \$200.00 | \$950.00 |
| 5 Months Ago: | 06/2018 | \$1,150.00 | \$120.00 | \$1,030.00 |
| 4 Months Ago: | 07/2018 | \$1,150.00 | \$0.00 | \$1,150.00 |
| 3 Months Ago: | 08/2018 | \$1,150.00 | \$20.00 | \$1,130.00 |
| 2 Months Ago: | 09/2018 | \$1,150.00 | \$0.00 | \$1,150.00 |
| Last Month: | 10/2018 | \$1,150.00 | \$0.00 | \$1,150.00 |
| | Average per month: | \$1,150.00 | \$56.67 | |
| | | | Average Monthly NET Income: | \$1,093.33 |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation | |
|--------------|---|--------------------|--|
| \$24 | 5 | filing fee | |
| \$7 | 5 | administrative fee | |
| <u>+</u> \$1 | 5 | trustee surcharge | |
| \$33 | 5 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Middle District of Florida

| In re | Steven Howard Rafer | | Case No. | | |
|-------|-------------------------------------|---|---------------------|-----------------------|--|
| | | Debtor(s) | Chapter | 7 | |
| | VERI | FICATION OF CREDITOR | MATRIX | | |
| e abo | ove-named Debtor hereby verifies th | at the attached list of creditors is true and | correct to the best | of his/her knowledge. | |
| ate: | November 21, 2018 | /s/ Steven Howard Rafer Steven Howard Rafer | | | |

Signature of Debtor

Steven Howard Rafer Durable Medical Equip., Inc. Portfolio Recovery 42 Southbridge Street 3323 Castle Rock Circle Associates, LLC Land O Lakes, FL 34639 Auburn, MA 01501 P.O. Box 41067 Norfolk, VA 23541 Jeffrey R. Thibault, Esq. Real Time Resolutions Durable Medical Equip., Inc. Jeffrey R. Thibault, P.A. P.O. Box 1259 Attn: Bankruptcy P.O. Box 341434 Dept. #132849 P.O. Box 36655 Oaks, PA 19456 Tampa, FL 33694 Dallas, TX 75235 American Express Fed. Nat. Mortgage Assoc. Regional Acceptance Co. c/o Orlans, PC 111126 N. Mabry Hwy. P.O. Box 981540 P.O. Box 540540 Tampa, FL 33618 El Paso, TX 79998-1540 Waltham, MA 02454 Fed. Nat. Mortgage Assoc. Ann Rafer Seterus, Inc. c/o Abigail Chmielecki, Esq. 1 Duncannon Ave. 14523 SW Millikan Way #200 Apt. #4 Orlans, PC Beaverton, OR 97005 Worcester, MA 01604 P.O. Box 540540 Federal National Mortgage Bank Of America St. Mary's Credit Union Nc4-105-03-14 293 Boston Post Rd. W. Association Marlborough, MA 01752 P.O. Box 26012 14221 Dallas Parkway Greensboro, NC 27410 Suite #100 Dallas, TX 75254 Bank of America Furniturebar Synchrony Bank Ashley Furniture Home Store P.O. Box 15026 P.O. Box 94498 Attn: Bankruptcy Dept. Wilmington, DE 19850-5026 Las Vegas, NV 89193 P.O. Box 965061 Orlando, FL 32896-5061 Capital One Greenwood Credit Union P.O. Box 30285 Synchrony Bank 2669 Post Rd. Attn: Bankruptcy Dept. Salt Lake City, UT 84130-0285 P.O. Box 956060 Warwick, RI 02886 Orlando, FL 32896 Collection Associates, Inc. IC Federal Credit Union Synchrony Bank - Lowes Attn: Bankruptcy Dept P.O. Box 965005 Attn: Collections P.O. Box 349 300 Bemins Road Orlando, FL 32896 Greensburg, IN 47240 Fitchburg, MA 01420

JH Portfolio Debt

Hazelwood, MO 63042

5757 Phantom Dr. Ste. 225

Equities, LLC

Synchrony Bank - Wal-Mart

P.O. Box 965060

Orlando, FL 32896-5060

Comenity Capital

P.O. Box 182125

Columbus, OH 43218

Target C/O Financial & Retail Srvs. Mail Stop NBT P.O. Box 9475 Minneapolis, MN 55440 B2030 (Form 2030) (12/15)

United States Bankruptcy Court Middle District of Florida

| In r | e Steven H | loward Ra | ıfer | | | Case N | Vo. | |
|------|--|--|---|---|---|--|--|--|
| | | | | | Debtor(s) | Chapte | er 7 | |
| | | DISCL | OSURE OF CO | OMPENSATI | ON OF ATTO | ORNEY FOR | DEBTOR(S) | |
| 1. | compensation | paid to me | 29(a) and Fed. Banki within one year befor he debtor(s) in conter | e the filing of the | petition in bankrupto | cy, or agreed to be p | oaid to me, for serv | |
| | For legal | services, I h | nave agreed to accept | | | \$ | 1,667.00 | <u>) </u> |
| | Prior to the | ne filing of t | his statement I have | received | | \$ | 1,667.00 | <u>) </u> |
| | Balance I | Due | | | | \$ | 0.00 | <u>)</u> |
| 2. | The source of | the compen | sation paid to me was | s: | | | | |
| | ☐ Debte | or | Other (specify): | pre-petition co reimbursemen | 1,667.00 to his ur ompensation and nt of costs incurr 25.00), credit rep | I provided \$83.00 ed by the Firm o |) to the Firm to I n the Debtor's b | hold in trust for behalf for credit |
| 3. | The source of | compensation | on to be paid to me is | :: | | | | |
| | ■ Debte | or 🗆 | Other (specify): | | | | | |
| 4. | ■ I have not | agreed to sl | nare the above-disclo | sed compensation | with any other perso | on unless they are n | nembers and assoc | iates of my law firm. |
| | | | the above-disclosed t, together with a list | | | | | of my law firm. A |
| 5. | In return for the | ne above-di | sclosed fee, I have ag | reed to render lega | al service for all aspo | ects of the bankrupt | cy case, including | : |
| | b. Preparationc. Representad. [Other prov | n and filing tion of the d visions as no | | lules, statement of of creditors and co | affairs and plan whonfirmation hearing, | ich may be required and any adjourned | ; hearings thereof; | |
| | reaff | irmation a | vith secured credi greements and ap avoidance of lien | oplications as n | eeded; preparation | | | |
| 6. | By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding. | | | | | | | |
| | | | | CERT | TIFICATION | | | |
| this | I certify that the bankruptcy pro | ~ ~ | is a complete statem | nent of any agreem | ent or arrangement | for payment to me f | or representation of | of the debtor(s) in |
| | November 21 | , 2018 | | | /s/ Jeffrey R. Ti | nibault, Esq. | | |
| Date | | Jeffrey R. Thibault, Esq. #0088237 | | | | | | |
| | | | | Signature of Attorney Jeffrey R. Thibault, P.A. | | | | |
| | | | | | P.O. Box 34143 | 34 | | |
| | | | | | Tampa, FL 3369 | 94 Fax: (813) 280-0 | 1566 | |
| | | | | | JeffECF@Thiba | aultLawFirm.com | | |
| | | | | | Name of law firm | | | |